

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

ROBERT HARVIE PAYNE, PE, VHM

[Enter the full name of the plaintiff in this action]

Civil Action No. _____
(to be assigned by Clerk)

COMPLAINT
State Prisoner

v.

THEO JACOBS,

CCOH,

SACDC, +

CHAS. CO.

[Enter above the full name of defendant(s) in this action]

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I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? Yes X No V
- B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to this previous lawsuit:

Plaintiff: ROBERT PAYNE

Defendant(s): SACDC, CHAS. CO., LUCAS, PUNITUS, FENNEL, HARRISON, etc.

2. Court: US DISTRICT COURT, DISTRICT OF SC, GREENVILLE DIVISION
(If federal court, name the district; if state court, name the county)

3. Docket Number: 6:11-1761, 1766, 1767, 1768, 2011-DCN, KFM

4. Name(s) of Judge(s) to whom case was assigned: DCN, KFM

5. Disposition: PENDING
(For example, was the case dismissed? Appealed? Pending?)

6. Approximate date of filing lawsuit: AUG 2011

7. Approximate date of disposition: PENDING

II. PLACE OF PRESENT CONFINEMENT

- A. Name of Prison/Jail/Institution: SACDC
- B. What are the issues that you are attempting to litigate in the above-captioned case? DELIBERATE
INDIFFERENCE TO MEDICAL CONDITION, MALPRACTICE, DENIAL OF
MEDICAL TREATMENT, EQUAL PROTECTION
- C. (1) Is there a prisoner grievance procedure in this institution? Yes X No _____
- (2) Did you file a grievance concerning the claims you are raising in this matter? Yes X No _____
- When Aug 2011 Grievance Number (if available) _____
- D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes _____ No X
- E. When was the final agency/departmental/institutional answer or determination received by you? NEVER,
SACDC REFUSES TO RESPOND TO MY GRIEVANCES
If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.
- F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes _____ No _____
- G. If your answer is YES:
1. What steps did you take? _____
 2. What was the result? _____

III. PARTIES

In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.

- A. Name of Plaintiff: ROBERT HARVIE PAYNE, PE, VNM Inmate No.: 2098
 Address: PSIH HUSKA POLITICAL PRISON, 3841 LEEDS AVE, NCHAS,
SC, 29405

In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.

- B. Name of Defendant: THEO JACOBS Position: MEDICAL DOCTOR
 Place of Employment: CAROLINA CENTER FOR OCCUPATIONAL HEALTH (CCOH)
3841 LEEDS AVE, NCHAS, SC 29405
- C. Additional Defendants (provide the same information for each defendant as listed in Item B above):
CCOH, 3841 LEEDS AVE, NCHAS, SC 29405
SACDC, 3841 LEEDS AVE, NCHAS, SC 29405
CHAS.CO., 4045 BRIDGE VIEW DR, NCHAS, SC
29405

IV. STATEMENT OF CLAIM - ~~continued~~.

- ① PLAINTIFF IS A PRETRIAL DETAINEE AT SACDC, DETAINED FOR ALMOST 8 MONTHS, AND COUNTING, EVEN THOUGH STATE SUPREME COURT ORDERED COURT TO DISPOSE OF CASE WITHIN 180 DAYS.
- ② PLAINTIFF TOLD DEFENDANTS SACDC AND CCOH HE WAS SUFFERING FROM PROSTATE CANCER AT INTAKE AND NEEDED TO CONTINUE HIS TREATMENT.
- ③ DEFENDANT JACOBS OBTAINED PLAINTIFF'S MEDICAL RECORDS AND CONFIRMED PLAINTIFF HAD PROSTATE CANCER.
- ④ DEFENDANT JACOBS ORDERED BLOOD TEST TO DETERMINE STATUS OF PROSTATE CANCER. BLOOD TESTS INDICATED PROSTATE CANCER WAS SPREADING EXPONENTIALLY.
- ⑤ PLAINTIFF CONTINUOUSLY AND REPEATEDLY REQUESTED TREATMENT IN JAIL AND CONSULTS AND TREATMENT AT VARIOUS HOSPITALS AND CANCER CLINICS AND PERSONAL DOCTORS.
- ⑥ DEFENDANTS DENIED ALL TREATMENT TO DATE.

V. RELIEF

State briefly and exactly what you want the court to do for you.

PROVIDE:

① JURY TRIAL,

② INJUNCTION REQUIRING DEFENDANTS TO ORDER AND PROVIDE TREATMENT.

③ ACTUAL DAMAGES OF \$1,000.⁰⁰ PER DAY FOR EACH DAY OF DENIAL OF TREATMENT, MINIMUM.

④ PUNITIVE DAMAGES OF \$2,000.⁰⁰ PER DAY FOR EACH DAY OF DENIAL OF MEDICAL TREATMENT, MINIMUM.

⑤ ATTORNEY FEES, COSTS, EXPENSES, COSTS, ETC.

⑥ OTHER RELIEF AS THIS COURT MAY DEEM JUST, FIT AND PROPER

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12TH day of JANUARY, 2012

Robert W. Harris Pamer

Signature of Plaintiff